



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X				3 times/12 month period for 6 and under
Sealants (list any tooth-specific limits)	X			1 x every 3 years	Only for occlusal surfaces of:
Space maintainers	X				Fixed - only for missing primary molars A, B, I, J, K, L, S and T



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x 6 months		Before 1 year of age
X-Rays						
Bitewing	X			1 x year		
Full Mouth	X			1 x every 3 years		
Panoramic	X			1 x every 3 years	Oral surgeons and Orthodontist may be reimbursed more often when deemed medically necessary.	



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				every 2 years for same restoration	
Tooth colored composite	X				every 2 years for same restoration	
Crowns/tooth caps						
Stainless steel crowns	X				1X every 3 years	
Metal (only) crowns			X			
Metal/porcelain crowns		X			anterior teeth only	
Porcelain (only) crowns		X			anterior teeth only	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Primary posterior teeth	
Root canals on permanent teeth	X				for permanent anterior, bicuspid, and molar teeth, excluding teeth 1, 16,17 & 32	
Gum (periodontal) therapy						
	X				Surgical on case-by-case basis with prior authorization	



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Dentures						
Partial dentures		X			1 resin partial based on department criteria, 1 replacement in 3 years for original seat date	
Complete dentures		X			1 complete denture upper and lower case-by-case based on medical necessity, 1 replacement denture per lifetime after at least 5 years from the original seat date.	
Bridges			X			
Orthodontics*						
Retainers (orthodontic)		X				
Braces		X				Coverage is based on medical necessity on a case-by-case basis.
Oral surgery						
Simple extractions	X					
Surgical extractions		X				



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Care of abscesses		X				
Cleft palate treatment	X					
Cancer treatment	X					
Treatment of fractures	X					
Biopsies		X				
Treatment of jaw joint problems (TMJ)						
		X			occlusal orthotic device allowd for 12-20 on a case-by-case basis	
Emergency room services provided by a dentist						
	X					
Inpatient Hospital Services						
		X				Ages 0 - 8 do not require PA, ages 9 -20 requires PA for non-emergent services



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia		X			Must follow Occupational license guidelines	Ages 0 - 8 do not require PA, ages 9 -20 requires PA for non-emergent services
Intravenous conscious sedation		X				Ages 0 - 8 do not require PA, ages 9 -20 requires PA for non-emergent services
Non-intravenous conscious sedation		X				Ages 0 - 8 do not require PA, ages 9 -20 requires PA for non-emergent services



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Washington, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Analgesia (nitrous oxide)		X				Ages 0 - 8 do not require PA, ages 9 -20 requires PA for non-emergent services

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).